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FROM: Charles B. Cappellari
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TO: Examiner: Sisson, B.
Group 1634

U.S. Patent & Trademark Office

Facsimile No. (703) 872-9306

Number of pages (including this cover page): 8

In re Patent Application of:)	Group Art Unit: 1634
)	
MICHAEL M. BECKER)	Examiner: Sisson, B.
)	
Serial No. 10/020,596)	Atty. Docket No. GP123-02.UT
)	
Filed: December 7, 2001)	Confirmation No. 6565
)	
Title: METHOD FOR ENHANCING THE)	Date: March 28, 2005
ASSOCIATION RATES OF)	
POLYNUCLEOTIDES)	

Transmitted herewith are:

- 1) Transmittal Form PTO/SB/21 (1 pg.)
- 2) Request for Extension of Time - 1 Mo. (PTO/SB/22), in duplicate, 2 pgs.
- 3) Fee Transmittal (PTO/SB/17), in duplicate, 2 pgs.; and
- 4) Notice of Appeal, in duplicate 2 pgs.

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Date: March 28, 2005

By: 

Charles B. Cappellari
Registration No. 40,937
Attorney for Applicant

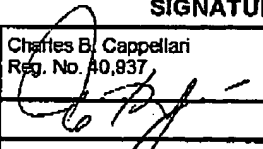
PTO/SB/21 (02-04)

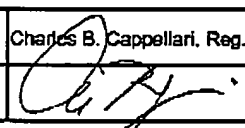
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/020,596	
	Filing Date	December 7, 2001	
	First Named Inventor	Michael, M. Becker	
	Art Unit	1834	
	Examiner Name	Sisson, Bradley L.	
Total Number of Pages in This Submission	07	Attorney Docket Number	GP123-02.UT

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Charles B. Cappellari Reg. No. 40,837
Signature	
Date	March 28, 2005

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Charles B. Cappellari, Reg. No. 40,837		
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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 620.00

Complete if Known

Application Number	10/020,596
Filing Date	December 7, 2001
First Named Inventor	Michael M. Becker
Examiner Name	Sisson, B.
Art Unit	1634
Attorney Docket No.	GP123-02.UT

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 07-0835 Deposit Account Name: Gen-Probe Incorporated
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues) _____

Each independent claim over 3 (including Reissues) _____

Multiple dependent claims _____

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP = _____	x	_____	=	_____
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
---------------	--------------	----------	---------------

- 3 or HP = _____	x	_____	=	_____
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HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
--------------	--------------	--	----------	---------------

- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	=	_____
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1 Mo. Ext. of Time - \$120.00 / Notice of Appeal - \$500.00

Fees Paid (\$)

\$620.00

SUBMITTED BY

Signature	Registration No. (Attorney/Agent) 40, 937	Telephone (958) 410-8927
Name (Print/Type) Charles B. Zappellari		Date March 28, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTOSB/17 (12-04/2)

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Effective on 12/08/2004,
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

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Filing Date	December 7, 2001
First Named Inventor	Michael M. Becker
Examiner Name	Sisson, B.
Art Unit	1634
Attorney Docket No.	GP123-02.UT

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 07-0835 Deposit Account Name: Gen-Probe Incorporated

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
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Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

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Fees Paid (\$)

\$620.00

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